



Military Medical Research News

Vol. 3, Issue 10 ▪ November 2016

The Challenge of Survival

As survival rates rise, researchers match rehab to complex injuries

by Paula Amann

In recent years, medical researchers have spotted an arresting trend: U.S. service members are surviving battlefield wounds at higher rates than ever before.

Thanks to protective, logistical and medical advances – body armor, quicker evacuations and tourniquets, to name a few – some 92 percent of service members injured in the Afghan and Iraqi conflicts have come home alive, according to a 2010 study by Isaacson, Weeks, Pasquina et al.

Yet, many of the survivors face the trials of “polytrauma.”

In other words, they return with multiple serious injuries, says Brad Isaacson, Ph.D., M.B.A, M.S.F., the program manager and lead scientist at the Center for Rehabilitation Sciences Research, in the Department of Physical Medicine and Rehabilitation at the Uniformed Services University of the Health Sciences.

This situation poses an intricate set of problems for the injured, their health care providers, their families and medical researchers.

“Service members wounded in Operation Iraqi Freedom and Operation Enduring Freedom have returned to the continental United States with more complex injuries

than what we’ve seen in previous conflicts,” said Isaacson in an interview.

Not only that, but they are largely young people in their 20s who may need lifelong care. “They want to return to a high-functioning lifestyle,” said Isaacson – whether they rejoin active duty or civilian life.

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In this archival photo, President Barack Obama signs the prosthetic arm of Marine Corps Sgt. Carlos Evans after greeting wounded warriors during their March 6, 2012 tour of the White House in Washington, D.C. First Lady Michelle Obama met Evans, who was wounded in Afghanistan while on his fourth combat deployment, on a 2010 visit to Walter Reed Army Medical Center. Like Evans, many survivors of recent wars have suffered multiple injuries, which can pose challenges for their rehabilitation. (U.S. Department of Defense photo archives)



DEPARTMENT OF RESEARCH PROGRAMS



Army Col. Peter Weina, director of Department of Research Programs (official photo)

The Department of Research Programs (DRP) at Walter Reed National Military Medical Center supports research activities in the National Capital Region (NCR) through regular news.

This monthly newsletter covers events, research and administrative policies and procedures, research studies and collaborations, department operations, workshops and other NCR initiatives.

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MILITARY MEDICAL RESEARCH NEWS

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This newsletter appears monthly. We welcome your story ideas, comments, corrections and photographs (action shots are best). Please send any timely information by the 15th day of the prior month for the following month's issue. Send your ideas, pictures or infographics to paula.m.amann.ctr@mail.mil.

RESEARCH FIRST STEPS

Our protocol navigators are available to help you start the process and assist you with your submission. To make an appointment with a protocol navigator, please call the Department of Research Programs (DRP) office at 301-295-8239. DRP is located in Building 17B, third floor, to the left of elevators.

RESEARCH ROUNDTABLE SCHEDULE

**Walter Reed National Military Medical Center
America Building (Building 19), Second floor, Room 2301**

- ♦ Tuesday, Nov. 22, 1200-1300
- ♦ Tuesday, Dec. 20, 1200-1300

TRAINING IN CLINICAL RESEARCH

The National Institutes of Health are offering Introduction to the Principles and Practice of Clinical Research, an online course. It aims to train participants on how to effectively conduct clinical research. Topics range from study design to protocol preparation and patient monitoring. To learn more, doctors, nurses, and other

interested health professionals can visit

<http://www.cc.nih.gov/training/training/ippcr1.html>.

EIRB TIP OF THE MONTH Meet Your Protocol Analyst

Launching a research project? If you talk with a protocol analyst early, it can save you trouble later. In fact, sitting down with an expert at the Department of Research Programs might help you head off technical problems or keep you from missing key items in the protocol submission that could delay your project.

So before you send your protocol to the electronic Institutional Review Board (EIRB), call 301-295-8239. Or drop a line to our administrative support specialist, Patricia Titi, at patricia.l.titi.civ@mail.mil. We're here to help.

Again, thanks for your patience during our technical transition. Meanwhile, our best wishes for success in your research.

CORRECTIONS

On page 3 of October's issue, we misstated Capt. John Eckert's corps: He is with the U.S. Public Health Service, not the Navy. Also, the baby rash pictured on page 5 is a symptom of Systemic Juvenile Idiopathic Arthritis (SJIA) – not Cryopyrin-Associated Periodic Syndrome, as was stated.



SURVIVAL, from page 1

Yet, in cases where their injuries lead to reduced activity, these wounded warriors face higher risks for long-term conditions such as diabetes, cardiovascular disease, osteopenia and osteoporosis, he noted.

It was the prospect of challenges like these that, in 2011, drove retired Army Col. Paul Pasquina, M.D. to found the Center for Rehabilitation Sciences Research at the Uniformed Services University of the Health Sciences.

“If you’re going to be relevant and provide state-of-the-art battlefield solutions, you need to build a robust research program,” said Pasquina, the center’s director, in an interview.

Among civilians, limb loss normally happens as a result of diabetes or vascular occlusive disease, Pasquina said. In the military, though, such trauma typically results from a blast, such as an improvised explosive device, and as noted earlier, often involves multiple injuries.

Given the special set of problems faced by wounded warriors, the research center has four areas of focus. First, it studies the barriers to rehabilitation and reintegration into society. Secondly, it seeks to improve pain management so patients can get the most out of their rehabilitation.

In addition, the center uses new technologies to advance rehabilitation and boost physical performance. Finally, the center also harnesses new technologies in the service of wounded warriors to better their daily functioning, independence and quality of life.

The center’s research on barriers, led by Seth Messinger, Ph.D., finds that the bonds patients forge during rehabilitation with health care providers and peer-visitors can have an enduring impact.

These relationships help give patients the resilience to face the challenges of survival with serious war wounds, his research shows, as noted in “The Center for Rehabilitation Sciences Research: Advancing the Rehabilitative Care for Service Members With Complex Trauma” by Isaacson, Hendershot, Messinger et al. in *Military Medicine* (2016).

It stands to reason that patients with complex injuries are often dealing with intense pain. For starters, phantom limb pain afflicts about 90 percent of all patients with



Retired Army Col. Paul Pasquina, M.D., shows a leg prosthesis to military officers. (Photo courtesy of the Public Affairs Office at Walter Reed Bethesda)

major limb amputations, note Isaacson et al. (2016). In addition, some service members have low back pain and chronic neck pain due to their injuries.

At the center, researchers look at pain management in the context of recovery.

Pasquina frames the problem this way: “How can we manage pain so these combat casualties can get the most out best of their rehabilitation?”

In the technology area, he points to the computer-assisted rehabilitation environment, or CAREN, available at the National Intrepid Center of Excellence and other military treatment facilities. This tool allows medical teams to help injured service members with balance, walking, vision and hearing.

“You can now deliver rehabilitation for multiple injuries at the same time,” said Pasquina, adding, “If you’re stimulating cognition while stimulating movement, from a practical standpoint, it makes sense.”

Meanwhile, his research team is testing a new wireless technology with potential for use in a wide range of

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Prosthetics, Meet Robotics

Researchers test implanted electrodes to power artificial arm

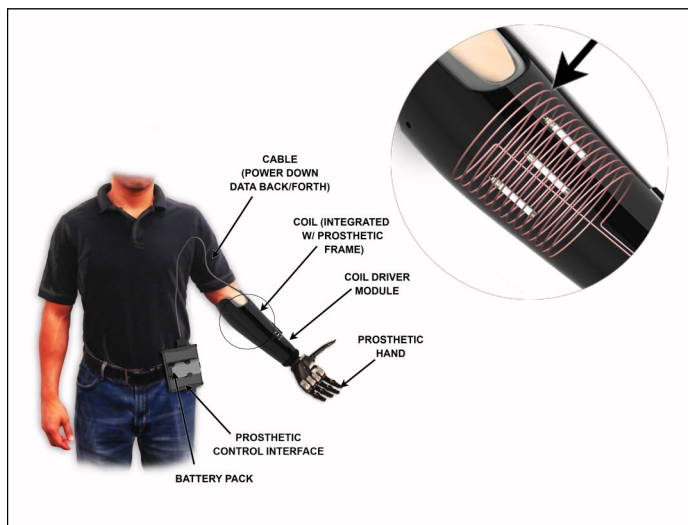
by Paula Amann

Just five decades ago, a service member who lost a forearm might get a body-powered prosthetic hook in its place, the best option then. Since that Vietnam War era, medical researchers and bioengineers have produced prosthetic arms that look and work more like actual ones.

Yet, even these more flexible prosthetics made of lightweight plastic and carbon-fiber composites have lacked the range of motion and control we expect from arms of nerve, muscle and bone.

Enter advanced robotics. A research team led by retired Army Col. Paul Pasquina, M.D., director of the Center for Rehabilitation Sciences Research and chief of the Rehabilitation Department at Walter Reed National Military Medical Center, is now testing a device that can do much of what a real forearm can.

The key feature: several electrodes surgically placed within living muscle. Encased in ceramic, metal-capped capsules about as long as a penny, the electrodes move the prosthesis through wireless signals.



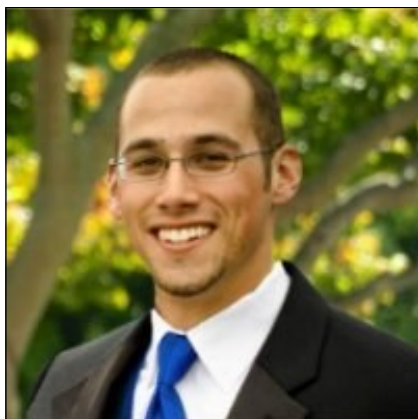
This drawing illustrates use of Implantable Myoelectric Sensors (IMES®), developed by the Alfred Mann Foundation, with a robotic wrist and hand manufactured by a third party. (Photo courtesy of Alfred Mann Foundation)

The new technology, known as Implantable Myoelectric Sensors (IMES®), is owned and patented by the Alfred

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prosthetics. The technology, known as Implantable Myoelectric Sensors (IMES®), aims to give wearers of



Brad Isaacson serves as program manager and lead scientist at the Center for Rehabilitation Sciences Research. (Photo courtesy of CRSR)

prosthetic arms better control over prosthetic movement than earlier prosthetic designs.

The Alfred Mann Foundation, a research and development nonprofit based in Valencia, Calif., led development of the technology.

Other partners in the effort include the Henry M. Jackson Foundation for the Advancement of Military Medicine, Walter Reed Bethesda and Advanced Arm Dynamics.

“We need better ways of interacting between the human and the robotic device,” Pasquina said. “As that interface improves, you’ll see more translation of what we know in robotics into prosthetic medicine.” ■

Disclaimer: The use of firm, trade, and brand names in this report is for identification purposes only and does not constitute endorsement by the U.S. Government.



PROSTHETICS, from page 4

Mann Foundation, a research and development nonprofit in Valencia, Calif. It drew on prior research by Professor Phil Troyk of Sigenics and the Illinois Institute of Technology, and Professor Richard Weir of the University of Colorado at Denver.

Current IMES research also involves Walter Reed Bethesda, the Henry M. Jackson Foundation and Advanced Arm Dynamics.

“We went from one degree of freedom to three degrees of freedom,” said Pasquina.

He noted that earlier devices could only produce one of these movements, but IMES can do all three simultaneously.

The IMES system, said Melissa Evangelista, a clinical project manager with the Alfred Mann Foundation, relies on a special socket with an electromagnetic coil that wirelessly picks up signals from the implanted electrodes.

The socket “bridges that gap between the nerve, the muscle and the movement of the hand,” said Evangelista, in a phone interview.



One of the Implantable Myoelectric Sensors (IMES®), developed by the Alfred Mann Foundation in Valencia, Calif., next to a penny, for scale. (Photo courtesy of Alfred Mann Foundation)

their hands, and extend and flex the thumb, observed Pasquina.

Christian Bergman, a research assistant on the IMES research project, frames the invention’s import in terms of the tasks needed for daily living.

“As you type on your laptop, or reach for a cup of coffee or a bottle of water, what does it take for you to do that?” Bergman said in an email. “With the IMES devices, we are one step closer to intuitive control.”

As part of research tests for the device, three patients got the IMES, and went on to six months of training, with assessments at one and two years, Bergman said. Two of the trio have completed the research protocol, and the third is set to do so this year.

The upshot: The system worked and helped the patients direct their movements with the prosthetic arm.

Prior systems have used surface electrodes, which can stop working if the user sweats or inadvertently jogs the electrodes. The IMES approach can sidestep these problems and seems to function much more consistently, based on the first tests with real patients.

“They can perform activities with their limb without concern for lost signal from sweat, movement or incorrect socket [fit], and they can do simultaneous movement across various degrees of freedom at nearly the speed of thought,” Bergman stated in an email. ■

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RESEARCH ROUNDTABLE

A MESSAGE FROM THE HOST OF THE RESEARCH ROUNDTABLE

by Lisa Thompson



Lisa Thompson, M.S.H.A., M.B.A., supervisory medical education specialist (Photo by Lisa Thompson)

The Department of Research Programs (DRP) would like to offer a 10-15 minute presentation to your staff on DRP services, upcoming events and policy updates from the Office of the Under Secretary of Defense (Personnel & Readiness), Research Regulatory Oversight (R202) policy guidelines, and MERF and Collaborative Institutional Training Initiative (CITI) training. We would like to join you once annually or every six months, before or after your program meets for didactic or lecture hall sessions.

Our goal is to promote research. We want to help familiarize your Graduate Medical Education (GME) trainees and staff with DRP services to help them start their research projects. Among our services are protocol development, research methods, SPSS (Statistical Package for the Social Sciences) statistics courses, grants writing, GME trainee funding for research, collaborative agreements, manuscript editing, publication clearance, and the Biomedical Research Laboratory.

DRP invites you to join us at the Research Roundtable in the third Tuesday of every month. On Nov. 22, we're pleased to welcome Erin Loos, a contractor with the Defense Health Agency Human Research Protection Program Support, over at the Office of the Assistant Secretary of Defense for Health Affairs. She'll speak on "So Harvard's IRB Said Yes: What's Next for Col. Smith's Research?". The talk will cover additional review requirements of the Defense Department.

We invite you to present as well. If there is a pressing concern you would like addressed or if you would like to present material on a topic of your choice, please talk to me at the Research Roundtable or send an email to lisa.p.thompson5.civ@mail.mil.



Traversing the shoals of technology transfer Naval patent lawyer offers a compass to would-be inventors

by Paula Amann

Say you and your team have fashioned a biomedical device. You think you're ready to move it from the lab into the marketplace.

That kind of "technology transfer" takes a patent, and a bit of foresight, said Ning Yang, a patent lawyer with the Naval Medical Research Center in remarks at last month's Research Roundtable.

"We are trying to develop technologies for the warfighter and trying to get that technology to the warfighter as soon as possible," said Yang at the Oct. 18 event, hosted by the Department of Research Programs (DRP).

In her current job, she files and prosecutes patent applications, as well as advises researchers and technology transfer offices on intellectual property.

New inventors often forget a crucial fact, Yang said. Any kind of public disclosure, be it a dissertation, a conference abstract, a journal article or a funding proposal, can let the patent "cat" out of the bag. For that reason, she counsels researchers to disclose their new device to the technology transfer office or patent attorney as soon as possible.



Ning Yang, J.D., a counsel with the Naval Medical Research Center (NMRC), explains the fine points of technology transfer at the Research Roundtable on Oct. 18. (Photo by Paula Amann)

"Disclose soon – as soon as you know you have an invention," said Yang.

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TRANSFER, from page 4

In the United States, inventors have a “bar date” – one full year from public disclosure to secure a patent, Yang stressed.

However, in most other countries, there is no grace period at all. Generally, researchers must file for a foreign patent before they publicly disclose details of their invention if they want to protect it in that country.

An official invention disclosure, explained Yang, fully describes the new device or process, with an eye to the competition.

“Being able to identify the differences between your technology and existing technology will help advance your case,” Yang said.

This lawyer knows her way around these distinctions, having earned a master’s degree in bioengineering, with another master’s, in electrical engineering, on the way.

In the course of the patent process, inventors may refine their invention. In that case, it is crucial to share these updates with the patent office, so as not to lose patent protection, and along with it, potential royalties, Yang stressed.

The naval lawyer also touched on the power of patent partnerships. In many cases, she noted, federal players can enlist the aid of private or nonprofit organizations, growing the impact of all as they work toward a common goal.

For instance, the federal government can sell rights in its intellectual property to other parties, which might provide other research, funding, production facilities, or marketing. This kind of collaboration may find formal shape in a cooperative research and development agreement (CRADA), Yang said.

Novice researchers, she warned, should keep an eye out for “patent trolls,” sublicensees who market an invention and pocket the profits – without contributing to the product’s development.

With that in mind, it’s helpful to write “milestone gates” into the license, noted Yang’s colleague, Al Churilla. These provide a structure by which licensees can show progress toward the ultimate goal: bring the invention to market.

Want to know the basics about getting a patent? This story builds on an earlier one from page 9 of our October 2016 issue, “Legal ace Churilla guides Roundtable through patent maze.”

DEPARTMENT DOWNLOAD

NEWS FROM THE DEPARTMENT OF RESEARCH PROGRAMS

October’s meeting of the Department of Research Programs saw the promotion by Army Col. Peter Weina, DRP chief, of longtime biostatistician Robin Howard to civilian deputy chief. In that new role, Howard will be sharing leadership duties with DRP’s military deputy chief, Army Col. Ann Nayback-Beebe.

Work has multiplied in the department, with the rollout of the electronic Institutional Review Board, or EIRB. Weina paid tribute to his staff for weathering the challenges that accompanied the arrival of the new system.

“We thought it would be a summer sprinkle, but it was like a hurricane,” Weina said.

He also reminded his staff of their roles as service providers, even while they serve as gatekeepers for

research that protects human subjects. “Don’t take it personal; don’t make it personal,” cautioned Weina.

To help address EIRB challenges, the chief noted that department staff will be downloading incoming research protocols, as a backup system. Weina also invited staff to submit their ideas and solutions for technical problems as they surface.

Meanwhile, DRP leaders have fine-tuned expectations for training for department staff through the Collaborative Institutional Training Initiative, or CITI. A new set of mandates will match the roles and responsibilities of staff members, and aim to avoid redundant courses.

– Paula Amann



FACES OF RESEARCH

HONORING OUR OWN

At the October departmental meeting, Army Col. Peter Weina, chief of the Department of Research Programs (DRP) presented the I Save Lives Campaign honor to Elizabeth “Beth” Narvaez, a manager with the Institutional Review Board.

Interviewed later, Narvaez voiced her appreciation for having been chosen last month. “I appreciate the honor,” Narvaez said. “I owe so much of my success to Mr. Roogow and my hard-working colleagues on the IRB team.”

Weina also paid tribute to two staff members marking major anniversaries with the hospital. He first hailed Dr. Wendy Bernstein, who was unable to attend the staff meeting but recently passed her 35-year employment milestone.



Elena Morris, a medical technologist with the Biomedical Research Laboratory, receives a certificate for 40 years of service from Col. Peter Weina. (Photo by John Fadoju)

An expert on scientific review, Bernstein has long played a leadership role in competitions during Research and Innovation Month.

Weina also recognized Elena Morris for her four decades of service. She is a medical technologist with the Biomedical Research Laboratory.

“Forty years is a long time to serve with any organization,” Weina said. “It’s really wonderful.” ■



Beth Narvaez, a manager with the Institutional Review Board, accepts the I Save Lives honor from Col. Peter Weina, chief of the Department of Research Programs. (Photo by John Fadoju)

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TRAINING FOR RESEARCHERS



The Department of Research Programs works to promote research and protect human participants. We offer training workshops for researchers in two key areas:

- ▣ Collaborative Institutional Training Initiative (CITI)
- ▣ Minimum Educational Requirement Framework (MERF)

The MERF workshop will help you and your research team learn policy guidelines, requirements for meeting the MERF, and training modules needed for your investigative roles.



MERF AND CITI TRAINING



WORKSHOP SCHEDULE

Join monthly workshops on MERF and CITI. Ms. Lisa Thompson, M.S.H.A., M.B.A., will share the latest policy guidance from the Research Regulatory Oversight Office within the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD [P&R]). The workshop will cover the following vital areas:

- ▣ OUSD (P&R) Assurance for the Protection of Human Subjects
- ▣ Minimum Education Requirements Framework (MERF) for DoD Personnel involved In Human Subjects Research
- ▣ Collaborative Institutional Training Initiative (CITI): Role-based training for researchers who conduct, review or approve research with human subjects in compliance with the MERF standards set forth by the Assistant Secretary of Defense for Research and Engineering

You can arrange training in your department. Or join our monthly classes in the location listed below (eight seats are available).* Please email or call to reserve your seat.

Questions? Please contact Ms. Lisa Thompson at 301-295-8231 or

lisa.p.thompson5.civ@mail.mil.

* HEROES BUILDING, FOURTH FLOOR, ROOM 4011

- ▣ Tuesday, Sept.13, 2016, 1400-1500
- ▣ Tuesday, Oct. 11, 1400-1500
- ▣ Tuesday, Nov. 8, 1400-1500
- ▣ Tuesday, Dec. 13, 1400-1500



YOU BELONG IN THE CITI. START TRAINING TODAY!



DARNALL MEDICAL LIBRARY

Research and Scholarly Communication Support

Lyubov Tmanova, DVM, MLIS, MS, the informationist/biomedical research librarian, offers research support to the WRNMMC biomedical community and helps integrate biomedical information into medicine in order to advance research and scholarly communication. Research-oriented classes are offered on a quarterly basis. Individual and group consultations are available upon request.

2016 Research and Scholarly Communication Classes

NOVEMBER

Preparing Your Manuscript for Publication

Library: Darnall Medical Library

Location: Bldg19, Room 2301

Instructor: Dr. Tmanova

When: Tuesday, 11-8-2016 at 13:00:00

This workshop is focused on planning, writing, and submitting manuscripts for publication in biomedical journals. Students will be guided through the publication process, journal selection, and authorship guidelines and standards.

The writing section of the workshop is centered on steps and tips for writing a compelling manuscript (title, abstract, introduction, methods/materials, results, and discussion). The manuscript submission process and review, copyright issues, research integrity, and public access policy compliance will also be discussed.

Writing Systematic Reviews

Library: Darnall Medical Library

Location: Building 6, Room 1369

Instructor: Dr. Tmanova

When: Monday, 11-21-2016 at 13:00:00

This workshop provides an overview of the purpose, structure, components, and writing process of systematic reviews. Attendees will become familiar with systematic review standards and guidelines and will explore opportunities for collaboration with librarians.

DECEMBER

Managing Reference Citations with EndNote (standalone)

Library: Darnall Medical Library

Location: Building 6, Room 1369

Instructor: Dr. Tmanova

When: Tuesday, 12-6-2016 at 13:00:00

This workshop will help you to develop basic skills in bibliographic management using EndNote standalone citation manager. Attendees will learn how to create a reference library, collect reference citations from various biomedical literature databases, organize references, generate and format bibliographies, share a library with peers, connect with researchers, and insert references into a Word document. Attendees will also be briefly introduced to EndNote Web.

Research Data Management

Library: Darnall Medical Library

Location: Building 6, Room 1369

Instructor: Dr. Tmanova

When: Monday, 12-12-2016 at 13:00:00

This workshop introduces a concept of data-driven research, research data management, and data management planning for grant proposals. The research data life cycle, including data collection, data processing methods, and analysis of qualitative and quantitative data will be discussed. Attendees will become familiar with data submission standards and DoD biomedical research and data policy.

Contact: **Lyubov Tmanova, DVM, MLIS, MS**
Informationist / Biomedical Research Librarian

Darnall Medical Library, Building 1, Room 3458

Phone: 301-319-2475

Email: lyubov.tmanova.civ@mail.mil



WEB RESOURCES

The appearance of external hyperlinks does not constitute endorsement by the U.S. Department of Defense of the linked web sites, or the information, products or services contained therein. For other than authorized activities such as military exchanges and Morale, Welfare and Recreation (MWR) sites, the Defense Department does not exercise any editorial control over the information you may find at these locations.

Education Materials

- [Belmont Report](#)

The Belmont Report provides "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" that is found in Code of Federal Regulations, 45 CFR part 46.

- [Comparison of FDA and HHS Regulations](#)

The FDA provides a chart comparing FDA's regulations for human subject protection with those of the Department of Health and Human Services.

- [The President's Council on Bioethics](#)

This web site provides useful references on ethical issues that arise from advances in biotechnology and biomedical sciences.

- [Clinical Trials.gov](#)

Clinical Trials is a service of the National Institutes of Health, provides free public access to a database of Federal and private studies taking place nationwide and provides information on clinical studies for a wide range of diseases and conditions.

- [HHS Office for Human Research Protections](#)

HHS OHRP provides assurances and IRB registration, education, policy guidance, and workshops.

- [HHS Office of Civil Rights](#)

HHS Office of Civil Rights provides guidance on the Health Insurance Portability and Accountability Act (HIPAA) and Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule).

- [MedlinePlus](#)

MedlinePlus provides medical research literature including full-text drug information and an illustrated medical encyclopedia.

- [Office for Human Research Protections \(OHRP\)](#)

OHRP Guidebook (1993) provides current and historical materials about human subject protection. Caution: this serve as a guide and some information is obsolete; however, some portions remain valid.

- [Federal Policy for the Protection of Human Subjects \('Common Rule'\)](#)

HHS provides information about HHS regulations, 45 CFR part 46 and four subparts a, b, c, and d.

- [Protocol Review](#)

HHS provides guidance for protocol development, use of IRB, and Expedited Review procedures and exemptions.

- [Informed Consent](#)

HHS provides informed consent requirements, guidance on the use of exculpatory language, legal obligation and penalties, documentation and changes to documentation.

- [Investigators](#)

HHS provides investigators guidance about emergency medical care and research.

- [Biological Material and Data](#)

HHS provides guidance and the law about research involving the use of biological material and data.

- [Vulnerable Populations](#)

HHS provides guidance for populations including prisoners, children, and HIV human subjects.



RECENT PUBLICATIONS

Courtesy of Darnall Medical Library

Find articles by authors at Walter Reed Bethesda in bold.

- Balazs GC, Dworak TC, Tropf J, Nanos GP 3rd, Tittle SM.** [Incidence and risk factors for volar wrist ganglia in the U.S. military and civilian populations.](#) *J Hand Surg Am.* 2016 Sep 20. [Epub ahead of print]
- Bandino JP, **Royer MC**, Rush WL. [Folliculocentric and octagonal scaly papules.](#) *JAMA Dermatol.* 2016;152(9):1043-1044.
- Blackman VS**, Cooper BA, Puntillo K, Franck LS. [Demographic, clinical, and health system characteristics associated with pain assessment documentation and pain severity in U.S. military patients in combat zone emergency departments, 2010-2013.](#) *J Trauma Nurs.* 2016;23(5):257-74.
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**Walter Reed National Military Medical Center
Department of Research Programs**



TRAINING FOR ELECTRONIC INSTITUTIONAL REVIEW BOARD (EIRB)

2016 QUESTION AND ANSWER SESSIONS

Time for all sessions: Mondays 1200–1300

Month	Executive Conference Rm. 0301, Building 9 Basement	Radiology Conference Room B015, Building 19 Basement
November	7 14	21 28
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*The Department of Research Programs at
Walter Reed National Military Medical Center presents*

2017 RESEARCH AND INNOVATION MONTH *Be a research hero.*

IMPORTANT DATES

9th Annual Research Competitions

☐ 01 January–05 February – (abstract submission deadline: 05 February)

All staff, faculty and trainees from all disciplines register for a research competition category by sending their abstracts and related forms in a single email to dha.bethesda.wnmmc.mbx.researchandinnovationmonth@mail.mil.

☐ 01–05 May – Poster Display Week

Research competition participants display their research posters in the Mezzanine Center, East, and West Wings of Building 9.

☐ 08, 10 May – Research Symposium I and II

Finalists for the Bailey K. Ashford and Robert A. Phillips research awards give slide presentations on their work before judges in Memorial Auditorium, Building 2, third floor. Winners will receive certificates and medallions.

Non-Research Competitions

☐ 01–05 May – Poster Display Week

Research competition participants display their research posters in the Mezzanine Center, East, and West Wings of Building 9.

☐ 03 May – Poster Competition I (Case Reports, Evidence-Based Practice, and Quality Improvement)

Finalists from research competition categories present in front of their posters to judges in Building 9, East Wing. Award ribbons will be pinned next to the winning posters of each research competition category.

☐ 04 May – Poster Competition II (Paul Florentino Patient and Family-Centered Care)

Participants in this category will present their project posters for first, second and third prizes in Building 9.

Aware for All

☐ 16 May – Aware for All aims to help the public make informed decisions about clinical research participation through speakers and display tables. Research teams at Walter Reed Bethesda and groups from the National Capital Region will showcase their work in the lobby of Building 19.

Spring Research Summit

☐ 24 May – At this final gathering for 2017 Research and Innovation Month, research groups present slides about their work at Memorial Auditorium, Building 2, third floor.

*For details, contact the Department of Research Programs:
dha.bethesda.wnmmc.mbx.researchandinnovationmonth@mail.mil*

